Latinx Men in the Central Valley: Perspectives on Mental Health

A COMMUNITY-BASED RESEARCH STUDY

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Abstract

Minimal studies have been conducted on the effects of traditional Latinx/Hispanic gender roles on the mental health of Latinx men. However, those conducted concluded that young adult males have the most negative attitude towards mental health treatment (Gonzales et al., 2005) and the endorsement of traditional male gender roles of machismo relate to negative cognitions and emotions (Nuñez et al., 2016). Therefore, to contribute to the need of Latinx mental health research, a survey was distributed to Hispanic/Latinx men ages 17 to 48 in the Central Valley to find if Hispanic/Latinx men have a negative attitude towards mental health treatment due to machismo and cultural gender norms factors. The results of the survey concluded heterosexual Hispanic/Latinx men between the ages of 17-26 did not have an overall negative attitude towards seeking mental health treatment, participants considered themselves masculine without it being influenced by their culture, and those in the 28-48 age bracket agreed that their culture influences their perception of gender norms while the 17-26 age bracket did not. An analysis for these findings and future research recommendations are provided to better assist the needs of Latinx male mental health research.

Keywords: Latinx mental health, Machismo, negative cognitions, Hispanic men

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Introduction

Machismo is the Latin American cultural term for the exaggeration of what "manliness" is, we assume what characterizes someone as manly is being dominant, strong, prideful, and courageous. These attributes are not closely assumed as characteristics of someone who seeks mental health treatment in the eyes of traditional Hispanic/Latinx families. Because the topic of mental health is taboo in older generations of Hispanic/Latinx families, the newer generations often struggle in silence. Culture around machismo and traditional gender norms being taught at home have a big impact on why our community struggles to understand and seek professional help for mental health issues to this day.

In conversations with my community and Newman's Promotora Rosa, we found that local mental health resources and services are not being utilized by Hispanic/Latinx men. Current knowledge on the mental health of Hispanic/Latinx men based on cultural and traditional gender norms is limited based on data that suggests bisexual Latino men are hard to account for in surveys because they are uncomfortable disclosing their sexuality publicly. In addition, sociocultural correlation of emotional distress remain understudied, and the negative cognitive-emotional factors constructed my machismo remain unclear. The objective of my research is to target the negative cognitive-emotional factors Hispanic/Latinx men face due to machismo and cultural gender norms by collecting data on their attitudes towards mental health treatment. I will analyze how their attitudes affect their use of local resources to increase the rate of mental health awareness in our culture and invoke action towards utilizing already existing resources or suggest changes be made to them.

Literature Review

The sources referenced for this study were chosen based on their inclusion of attitude towards mental health treatment on topics like intersectional identity, discussion of masculinity and the influence of culture, issues in Hispanic/Latinx mental health services research, and the impact of sociopolitical factors on the mental health of Hispanic/Latinx men. The topic of machismo and its negative effects on the mental health of Hispanic/Latinx men has not been researched enough (Nuñez et al., 2016). With my approach to this topic, prior to my own study, my findings on the intersection of mental health, gender, and culture concluded the following. Among young adult males between the ages of 15-24, suicide is a leading cause of death (Gonzalez, et al., 2005). Their age and sex-role orientation affects their attitude towards mental health treatment and what knowledge they have on the benefits of it. It is said that this demographic has the most negative attitude towards treatment out of all groups (Gonzalez, et al., 2005). Past studies suggest men experience lower rates of depression compared to women because masculine men tend to have less intense primary emotional responses in comparison to women. During data collection researchers found that the score for internalizing behavior in males was higher in anxiety than depression (Okano, et al., 2020). Not only this, but the endorsement of these heteronormative gender roles does correlate to worse psychological health (Nuñez, et al., 2016). The internalizing of behaviors is an avoidance technique found in boys and men who actively avoid negative emotion. Furthermore, this is a practice enforced by machismo which suggests that suppressing emotions is more masculine. Financial instability has also proven to influence whether men seek mental health services or not because there is a lack of awareness of federally funded mental health services.

Geographical Focus of the Study

Hispanic/Latinxs make up 69.5% of the population in Newman, CA (2020 Census). 96% of the population in Newman has health coverage, with 48.8% on employee plans, 27.6% on Medicaid, 7.6% on Medicare, 11.9% on non-group plans, and 0.14% on military or VA plans (datausa.io). The median income of a household in Newman was $62,877 in 2019 with 6.6% of Newman families living in poverty (2020 Census).

In my community of Newman, the leading health promoter is Rosa Hernandez. She runs a program called RAIZ where she focuses on strengthening mental and emotional health in the community. On my visit to her office in the Newman Family Resource Center I was able to learn the history of the work she has done, and her understanding of the mental health resources being used by our citizens. I asked a series of questions and the outstanding answers she had were the following:

- RAIZ has no requirements, no rules for community members to join. Everyone is welcomed.
- Our community has mental health services, counselors come to the office to offer counseling services to young people in need of support. Also, our Promotoras program offers support for well-being, with different activities such as dance therapy, yoga/meditation, art classes, group talks, etc.
- The barrier people who do not take advantage of these services have is not attending out of fear of feeling judged and that is why they do not give themselves the opportunity to know more about everything that their community offers.
- Event calendars for the services the Newman Family Resource Center provide are handed out at food distributions, anyone who comes by the office, and at all events they go to.

- Other places include their Facebook health promoters page and the Newman Family Resource Center website.

Survey & Analysis Methods

With the insight of my peers, I developed a series of questions that could help me quantify the attitude towards mental health treatment, internalized emotions, and if their cultural ties stop their will to seek help. I distributed this anonymous survey meant for Latinx/Hispanic men from Newman, CA, and surrounding areas in the Central Valley asking demographic questions like age, education, income, gender, and sexuality. The survey consisted of seven Yes or No questions, 14 extremely agree to extremely disagree range questions, and six response/multiple choice questions resulting in a total of 27 questions with an estimated survey completion time of three minutes. All questions were optional to make participants more comfortable answering. All ages were accepted to look at a variety of ages and find if there are any patterns with past knowledge pointing at 18-25-year-olds reporting the highest suicide rate. There could be result gaps in data as all questions are voluntary.

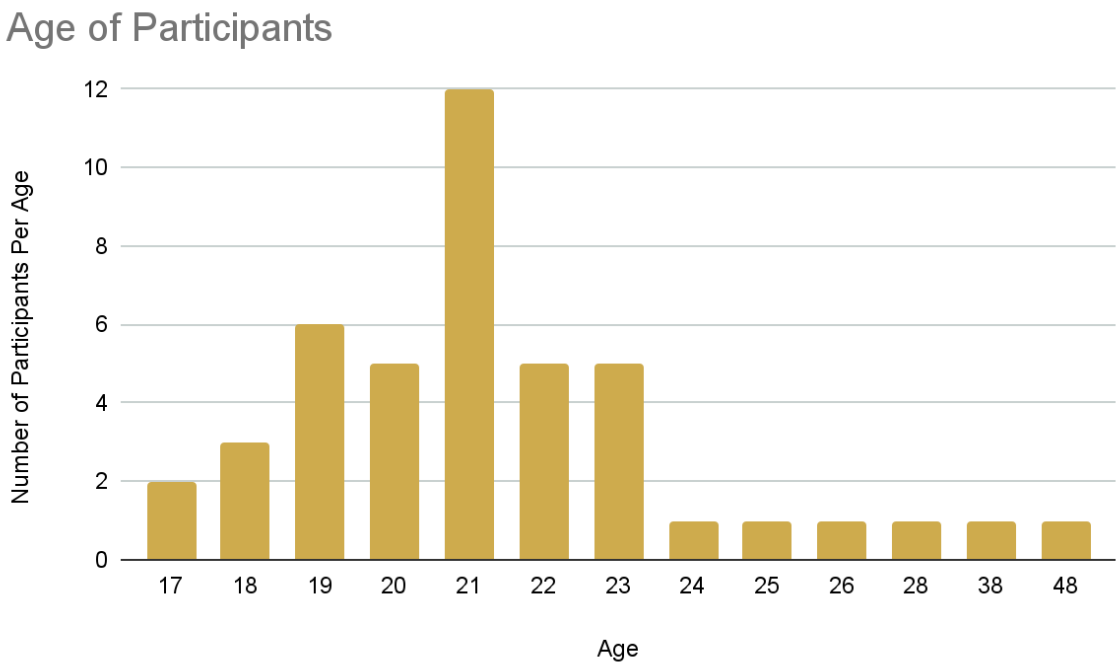
The main study variables were age, sexuality, machista attitude, mental health state, and willingness to seek help. Everything in the study was fully online and participants were presented with a short description of the goals of the survey when they clicked on the survey link. The main outlets used to distribute the survey were social media sites like Facebook group pages for UC Merced students, Promotoras de Newman, all of my personal social media accounts, Central Valley Scholar's Instagram page, as well as dating apps like Chispa and Hinge where you can specifically filter for Hispanic/Latinx men in the Central Valley [note* dating profiles were not created with the intention of deceiving people, the name displayed was

"survey" and had pictures of the survey link and QR code along with the description of the survey].

Results

There was a total of 81 responses but only 44 were used for this study to avoid misleading information like female identifying participants, blank surveys, and only 19 of the questions asked are being used in this study to focus on the key findings. Every participant in these results self-identified as male or nonbinary, Hispanic/Latinx.

Graph 1. "How old are you?"



Out of 44 responses, most participants were between the ages of 17-23 which falls in the young adult males' range of 15-24 where suicide is a leading cause of death.

Table 1. "What is your sexual orientation?"

#	Answer	%	Count

1	queer	3.3%	1
2	pansexual	3.3%	1
3	heterosexual/straight	76.7%	23
4	gay	10.0%	3
5	bisexual	3.3%	1
6	asexual	3.3%	1
	Total	100%	30

About 80% of respondents identify as straight. Note that straight men were the most to answer the survey despite being considered the least likely to participate considering the topic is mental health.

Table 2. "What gender do you identify as?"

#	Answer	%	Count
1	Female	0.0%	0
2	Male	96.7%	29
3	Non-binary / non-conforming	3.3%	1
4	Prefer not to say	0.0%	0
	Total	100%	30

All responses to gender accounted for in this study identified as male 96.7% (29) or non-binary/non-conforming 3.3% (1). 14 respondents to this survey did not answer this question.

Table 3. Yes or No Questions

#	Question/Statement	Yes	No

1	Do you have health insurance?	83.3% (25)	16.7% (5)
2	Do you like most aspects of your personality?	80.0% (24)	20.0% (6)
3	Are you financially stable?	70.0% (21)	30.0% (9)
4	I know how and where to access mental health providers	53.5% (16)	46.7% (14)
5	Do you have suicidal thoughts?	26.7% (8)	73.3% (22)

There is a two-point divide between Yes 53.5% (16) and No 46.7% (14) on the statement "I know how and where to access mental health providers." There is an overall Yes to health insurance, liking of personality, and financial stability. Over 73% (22) reported no suicidal thoughts.

Table 4. Disagree to Agree Range Statements

#	Statement	Extremely disagree	disagree	somewhat disagree	neutral	somewhat agree	agree	extremely agree
1	I am fearful or anxious	6.3% (2)	6.3% (2)	0.0%	28.1% (9)	43.8% (14)	15.6% (5)	0.0%
2	I would be embarrassed if my friends found out I was seeking professional help for emotional problems	9.4% (3)	25.0% (8)	3.1% (1)	15.6% (5)	21.9% (7)	18.8% (6)	6.3% (2)
3	I would be comfortable talking about my personal problems with a professional	9.4% (3)	18.8% (6)	6.3% (2)	18.8% (6)	18.8% (6)	25.0% (8)	3.1% (1)
4	I consider myself masculine	6.3% (2)	12.5% (4)	6.3% (2)	9.4% (3)	15.6% (5)	40.6% (13)	9.4% (3)
5	I would seek psychiatric help if I needed it	6.3% (2)	21.9% (7)	6.3% (2)	15.6% (5)	18.8% (6)	28.1% (9)	3.1% (1)

6	I am a person of worth, at least equal to others	0.0%	0.0%	3.1% (1)	12.5% (4)	15.6% (5)	50.0% (16)	18.8% (6)
7	It is important for a man to stick to his beliefs	6.3% (2)	0.0.%	21.9% (7)	18.8% (6)	9.4% (3)	25.0% (8)	18.8% (6)
8	My culture influences my perception of gender norms	3.3% (1)	23.3% (7)	6.7% (2)	16.7% (5)	10.0% (3)	20.0% (6)	20.0% (6)
9	I'd feel more comfortable speaking to a professional if they were of my ethnic background	13.3% (4)	13.3% (4)	6.7% (2)	13.3% (4)	20.0% (6)	23.3% (7)	10.0% (3)

Participants were presented with a series of statements used to understand certain aspects of their self-awareness and mental health attitude. “I am fearful or anxious” was the only statement to receive a high score in the “somewhat agree” category at 43.8% (14). The highest percentage on the table was 50% (16) to agree with the statement, “I am a person of worth, at least equal to others.” Overall, the respondents lacked agreement to feeling pressures from cultural or social forces but showed a strong sense of self awareness.

Table 5. “Would you consider yourself depressed or have depressive moods?”

#	Answer	%	Count
1	Yes	45.0%	18
3	No	32.5%	13
2	Maybe	22.5%	9
	Total	100%	40

The outstanding answer was Yes with 45% (18) agreeing to feeling depressed or having depressive moods. This question only had 4 missing respondents.

Table 6. “Would meditation or yoga be something that would be beneficial to your mental health?”

#	Answer	%	Count
3	Yes	25.0%	10
4	Maybe	45.0%	18
5	No	30.0%	12
	Total	100%	40

Most respondents responded Maybe 45% (18) to meditation/yoga being beneficial to their mental health. Their uncertainty is telling of the lack of information on this topic. 40 out of 44 respondents answered this question.

Discussion

My findings suggest that heterosexual Hispanic/Latinx men between the ages of 17-26 do not have an overall negative attitude towards seeking mental health treatment and they would seek help if needed despite past research stating otherwise (Gonzalez, et al., 2005). In reference to Table 4, on statement #2 the top answer to the statement "I would be embarrassed if my friends found out I was seeking professional help for emotional problems" was "disagree" at a 25% (8) response rate and 28.1% (9) agreement on statement #5 "I would seek psychiatric help if I needed it." Considering past research results stating young adult males have the most negative attitude towards mental health treatment (Gonzalez, et al., 2005), I was expecting participants to be closed off to the idea of mental health treatment, but they proved otherwise by agreeing to statement #5 "I would seek psychiatric help if I needed it." This could be explained by the openness and willingness to explore in this age group. Also, the 45% of Maybe answers to "Would meditation or yoga be something that would be beneficial to your mental health?" in Table 6 tells me that although the respondents are not familiar with the benefits of

meditation/yoga, they are not closed off to the potential of it affecting their mental health in a positive way.

Looking at factors to measure machismo levels, these results seemed to not negatively impact the view on mental health either. In Table 4, participants were asked to answer statements like “I consider myself masculine,” “It is important for a man stick to his beliefs,” and “My culture influences my perception of gender norms” where the overall response to these showed how the participants exhibit pride in their masculinity and beliefs while also disagreeing that it could be influenced by their cultural influences of gender norms. There are a couple theories as to why this could be, including the overall responses in correlation with the overall age demographic being between 17-23, acculturation among those who were raised in the US, and the ability to move past the recognized view of toxic masculinity. Lastly, the participants of this study could be a unique group who actively engage in mental health awareness, they voluntarily took my survey with a content warning about the disclosed topic in mind.

This led me to explore the possible differences between the 17-26 age range and 28-48 age range. Filtering out the 28-48 age range responses from the overall data did not change the most popular answers recorded in the presented data, but there were significant distinctions worth noting in the 28-48 age range data. 100% (3) of 28-48-year-olds in this survey are financially stable, and each one chose a degree of agreement to the statement “My culture influences my perception of gender norms,” contrary to the overall data collected on this statement, Table 4 suggests that most participants disagreed. My inference is that parenting styles change over generations and the American influence of gender norms comes from the larger portion of media being consumed in English by the younger respondents.

There was only one participant who identified as non-binary/non-conforming, and they were part of the 28-48 age range. In comparison to the others in this range, the difference was that they did have health insurance, know how and where to access mental health providers, nor like most aspects of their personality. This can be explained by findings of past research that suggest those who do not conform to gender norms experience more social discrimination and symptoms of psychological distress (Díaz, et al., 2001). This respondent and their answers were affected more by their non-confirming to gender rather than age.

Other findings I would like to address were 45% (18) of Yes responses to feeling depressed/having depressive moods in Table 5 compared to the 73.3% (22) of No responses in Table 3 to the question "Do you have suicidal thoughts?" Past studies show that men score higher in internalized emotions like anxiety rather than depression (Okano et al., 2020) and my findings can provide results that there are higher levels of depression being felt than anxiety 43.8% (14). Although these responses to feeling depression and anxiety were high, the risks of suicidal ideation were very low as we see on Table 3., 73.3% (22) responded No to "Do you have suicidal thoughts?" Although suicide is a leading factor of death for this demographic (Gonzalez et al., 2005), factors like self-worth do not seem to be an issue because they like who they are and value themselves as equals to others (refer to Tables 3 & 4).

Limitations & Perspective for future work

There were certain community connections I was not able to establish for this project because of paperwork required to be able to request the participation of the local high school's students and NAMI club. I did not have access to only Spanish speaking men in the community who could have contributed to the study with their responses and could have affected the results. Ultimately, this survey only reached people who were open to the idea of diving into topics that

concerned mental health, all participants took the survey with a content warning in mind. It took courage and confidence for all these participants to reflect on their current mental health. There was an overall participation of heterosexual men, further studies should try to reach a larger audience that does not necessarily identify as such because there are still Hispanic/Latinx men on the LGBTQIA+ spectrum who also need to be heard. I also would also like to acknowledge that I identify as a woman and that could affect who participated. I did not account for legal status, and none of the questions on my survey reflect the possibility of pandemic related reasoning to any of the answers. Future work should take into consideration what language is used primarily by the respondent and how acculturation has changed machista attitudes towards mental health. Questions future work should ask would be "Are you already receiving treatment?" and specifically what kind of treatment.

Outreach & Response / Proposal

Health Promoter Rosa and I discussed these findings together and we were able to come up with proposals to act with the newly found information. Our collaborative ideas included:

- The Newman Family Resource Center would like to collaborate with the Orestimba High School NAMI club and will make plans to reach out soon.
- The Orestimba High School buses should have a stop at the Newman Family Resource Center so that those who do not have transportation can still find resources.
- Rosa is a woman leading the RAIZ and Promotoras programs, she suggested a male led soccer team would gather the men in our community's attention, while they play together their coach could teach them how the sport can be used as a healthy coping mechanism for mental health issues and about other resources in the community.

- There used to be a bus that would give community members free passes to get to appointments and grocery stores. We believe the city should reinstate these free passes service because there will always be citizens without transportation.
- Regarding those in high school, teachers should be trained to recognize symptoms in students and take note of it so that they could be referred to a counselor.
    - Also, the students who prove to have symptoms should be put into a necessary mental wellness course that is required to graduate so that they can find confidence in themselves.
    - These trained teachers should also be evaluated by their students at the end of the year to see how they can improve their performance.

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